

Here I present thirteen patients who had significant process of cure from chronic depression through homeopathy during 2 years.

Methods: Homeopathic medical procedure is similar to that in conventional practices. In addition patients are asked about their own physiological and psychological condition before deciding on a homeopathic medicine. All patients were diagnosed as having Major Depressive Disorders with the DSM-IV and treated already several antidepressants. They were given homeopathy using various strategies over 3 months, in addition to antidepressants. Three steps were used to model indications of recovery from depression with homeopathy. The first step was to reduce difficulties in everyday life. The second step was to reduce and stop antidepressants. The last step was to reduce and stop the remedies. Cases considered recovered case were those in which antidepressants had been stopped six months and three months had passed since the stopping of homeopathic medicines.

Results: During two years' homeopathic process, all patients have recovered of depression. Two cases are focused on in detail in this presentation defined as three steps, and that model is used to report progress.

Conclusion: Our cases may suggest homeopathic treatment can be a very useful strategy in addition to/or instead of conventional treatment for depression including the use of a three step strategy for reducing all dependence on clinical treatment.

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OS12.06

Influence of Multicomponent Healthcare Program of Diet, Art and Biofield Therapy on Quality of Life of People in Japan

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Purpose: Combination of healthcare programs has reported to improve people's quality of life (QOL); however, it remains uncertain to what extent each component improves QOL independently. The purpose of this study was to investigate whether healthcare programs improve QOL in combination more than a single program, and to analyze whether one has more impact on QOL than the others. We employed the Okada Health and Wellness Program (OHWP), which involved diet, art and biofield-therapy components.

Methods: A total of 5,111 individuals participated; all Japanese nationals, aged 16 or older, who agreed to adopt OHWP in their daily lives. Participants kept records for three consecutive months of how frequently they practiced each program. They also completed the original QOL questionnaire (MQL-10) at the beginning and end of the study. The Outcome measures were as follows: (1) Adjusted odds ratio of the variables associated with the baseline and term-end MQL-10 scores. (2) Relationship between the change of MQL-10 scores and the type(s) and frequency of OHWP component (s) participants practiced.

Results: Three variables - previous practice of several OHWP components, older age and absence of illness - were independent positive factors for a better baseline score as well as independent negative factors for the improvement of the scores, considered to be due to a ceiling effect. Frequent practice of all components was a positive factor for the improvement of the scores. The baseline scores showed a discrepancy between those who had regularly received biofield therapy and those who mainly practiced the art or diet component previously ($p < 0.001$). However, the term- end scores significantly increased regardless of the type(s) of component(s) they practiced during the study period ($p < 0.001$).

Conclusion: The healthcare programs contributed to better QOL more when practiced in combination than by a single program. The term-end QOL significantly improved regardless of the type(s) of program(s) employed.

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Oral Presentation Session 13: Clinical Research – Acupuncture

OS13.01

Acupuncture in postmenopausal women with prehypertension or stage 1 hypertension: Protocol for an interventional cohort study



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Purpose: Background: Hypertension in women is often undiagnosed or inadequately treated, especially after menopause when the cardiovascular disease risk increases. Antihypertensive carries adverse effects and may have poorer compliance than that observed for complementary and alternative therapy including acupuncture. The present study will evaluate the effect of acupuncture on blood pressure (BP), hypertension incidence, and hypertension risk factors in postmenopausal women with prehypertension or stage 1 hypertension postmenopausal women with prehypertension or stage 1 hypertension.

Methods: This long-term interventional study will be performed from 2014 to 2016. A total 200 subjects with prehypertension or stage 1 hypertension, as defined by the Seventh Report of the Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High BP (JNC-7), will be recruited. The study cohort will be divided into three groups: (1) treatment group A (140 participants not receiving antihypertensive), (2) treatment group B (30 receiving antihypertensive), and (3) waiting list group (30 not receiving antihypertensive). The inclusion criteria will be as follows: (1) postmenopausal women who stopped menstruation within 1-year of enrollment and are aged < 65 years; (2) prehypertension or stage 1 hypertension; and (3) volunteers who provide written consent to participate. The participants in treatment groups A and B will receive acupuncture 2–3 times per week for 4 weeks (total 10 times) twice each year until 2016. The participants in the waiting list group will maintain their current